

**STOP PAYMENT AUTHORIZATION  
TREASURY OF VIRGINIA  
ISSUED CHECK SERVICES**

**\*\*FORM MUST BE TYPED\*\***

**CONTACT TREASURY TO VERIFY STATUS OF CHECK BEFORE PLACING STOP**

[ANGIE.JAHN@TRS.STATE.VA.US](mailto:ANGIE.JAHN@TRS.STATE.VA.US) OR PHONE #804-225-2388  
[MARY.CLARK@TRS.STATE.VA.US](mailto:MARY.CLARK@TRS.STATE.VA.US) OR PHONE #804-371-6166

**FORMS MAY BE FAXED TO: 804-225-2076**

From: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Agency #: \_\_\_\_\_

Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

TYPE: (Check one) \_\_\_\_\_ Issue Replacement Check

\_\_\_\_\_ **DO NOT** Issue Replacement Check (Complete Step 1 through 3 below)

1. Transaction/Batch ID: (ex: 99701012000301)

\_\_\_\_\_ **(Batch the original payment was recorded in)**

2. Attach a copy of the ACTR 0401 or coding if special entry is required

3. **DO NOT SEND INVOICE**

BANK CODE: (Check one) Payroll 4078 \_\_\_\_\_ General Warrants 6302 \_\_\_\_\_

**ATTACH COPY OF CARS REPORT FOR ALL GENERAL WARRANTS**

**ATTACH COPY OF INVOICE FOR ALL VENDOR PAYMENTS**

(PLEASE PROVIDE ADDRESS FOR MAILING OF REPLACEMENT CHECK)

CHECK NO.: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**(ALL PAYROLL REPLACEMENT CHECKS ARE RETURNED TO THE AGENCY)**

**REASON FOR REQUEST:**

NEVER RECEIVED \_\_\_\_\_

LOST \_\_\_\_\_

DESTROYED \_\_\_\_\_ STOLEN \_\_\_\_\_ ISSUED IN ERROR \_\_\_\_\_

AGENCY FISCAL OFFICER'S APPROVAL \_\_\_\_\_

PHONE #: \_\_\_\_\_

COMMENTS/SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_